#### FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

OMB Approval						
OMB Nun	ber:	3235-0076				
Expires:	Nove	ember 30, 2001				
Estimated average burden						
hours per response16.00						

02014630							

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4 (6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ONLY
Prefix	Serial
DATE	RECEIVED
1.	1

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Secured Convertible Promissory Note Bridge Round	21 2018 COO
Filing Under (check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4	(6) ULOE OF RESULT.
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	A REB
Enter the information requested about the issuer	
Name of Issuer ( check if this an amendment and name has changed, and indicate change.)	
· · · · · · · · · · · · · · · · · · ·	3.27 Mill
Haleos, Inc.	
Address of Executive Officers (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	(540) 552-4610
3150 State Street, Blacksburg, Virginia 24060	L
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(If different from Executive Officers) Same as above	Same as above
Brief Description of Business - Fiberoptics subcomponent manufacturer	
Diet Bestipten et Basiless - Lietopies saceompolien manateurer	- AECSEL
	non Egg
Type of Business Organization	ther (please specify):  Year 9 8 Actual FINANCIAL  VA
	ther (please specify):
	TO 7 1 2002
business trust limited partnership, to be formed	- t-D -
Month	Year
Actual Date of Incorporation or Organization 0 7	9 8 Actual Estimants
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;	THOMICIAL
	D EINANO".
CN for Canada; FN for other foreign jurisdiction)	VA

#### GENERAL INSTRUCTIONS

#### Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying of ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 8

	A. BASIC IDENTIFICATION DATA	
2.	Enter the information requested for the following:	
	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	

•	Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class
	of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 Fach general and managing partner of partnership issuers

Each general	and managing pa	ruier of partnership issu	iers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or		
					Managing Partner		
Full Name (Last name first	, if individual) S	herrer II, David W.					
Business or Residence Address (Number and Street, City, State, Zip Code)							
3150 State Street, Blacksburg, Virginia 24060							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or		
					Managing Partner		
Full Name (Last name first	, if individual) H	eiks, Noel A.					
Business or Residence Add	lress (Number an	d Street, City, State, Zip	Code)				
3150 State Street, Blacksbi	ırg, Virginia 240	60					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or		
					Managing Partner		
Full Name (Last name first	, if individual)	Ten Eyck, Gregory A.					
Business or Residence Add	lress (Number an	d Street, City, State, Zip	Code)				
3150 State Street, Blacksbi	arg, Virginia 240	60					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or		
					Managing Partner		
Full Name (Last name first	, if individual) L	eber, Donald E.					
Business or Residence Add	•		Code)				
3150 State Street, Blacksbr	arg, Virginia 240						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or		
					Managing Partner		
Full Name (Last name first	<del></del>						
Business or Residence Add	*		Code)				
101 Lookout Court, South				· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or		
					Managing Partner		
Full Name (Last name first	<del> </del>						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Zero Court Square, Charlo	ttesville, Virginia	1 22902					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or		
					Managing Partner		
Full Name (Last name first	<del></del>						
Business or Residence Add	•		Code)				
415 Bloomfield Road. Charlottesville. Virginia 22903							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)  $$2$ \ of \ 8$$ 

A. BASIC IDEN	TIFICATION DATA					
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been</li> </ul>	organized within the past fiv	e years;				
<ul> <li>Each beneficial owner having the power to vote or</li> </ul>	dispose or direct the vote or	disposition of, 1	0% or more of a class			
of equity securities of the issuer;						
Each executive officer and director of corporate is	suers and of corporate genera	al and managing	partners of partnership			
issuers; and	iconomo					
Each general and managing partner of partnership  Check Box(es) that Apply:  Promoter Beneficial Own  Beneficial Own		Director	General and/or			
Check Box(es) that Apply: Promoter Beneficial Own	#Executive Officer	Director	Managing Partner			
Full Name (Last name first, if individual) Faulkner, Lyndon		······································	wanaging radici			
Business or Residence Address (Number and Street, City, State	Zin Code)		· · · · · · · · · · · · · · · · · · ·			
1455 Garth Gate Lane, Charlottesville, Virginia 22901	, zip code)					
Check Box(es) that Apply: Promoter Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Optikos Holdings, LI	.C					
Business or Residence Address (Number and Street, City, State	, Zip Code)					
Zero Court Square, Charlottesville, Virginia 22902	<u>-</u>					
Check Box(es) that Apply: Promoter Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) ACT Investors, LLC						
Business or Residence Address (Number and Street, City, State	, Zip Code)					
Zero Court Square, Charlottesville, Virginia 22902						
Check Box(es) that Apply: Promoter Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) ACT F&F, LLC						
Business or Residence Address (Number and Street, City, State	, Zip Code)					
3150 State Street, Blacksburg, Virginia 24060						
Check Box(es) that Apply: Promoter Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)	<u> </u>		ividiaging raidler			
Business or Residence Address (Number and Street, City, State	Zin Code)					
Dustiness of Aesidence Address (runnoer and Street, City, State	, zip coue)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

Executive Officer

Director

Director

☐ General and/or Managing Partner

☐ General and/or

Managing Partner

Beneficial Owner

Beneficial Owner

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

B. INFORMATION ABOUT OFFERING													
1.	1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
				Answ	er also in	Appendix,	Column 2	, if filing o	f under UL	OE			
2.	What.	is the mir	nimum inve	estment tha	t will be a	ccepted fro	om any ind	ividual?			\$	5,000	
3.	Does t	he offeri	ng permit j	oint owner	ship of a s	ingle unit?						Yes	No
4.	simila an ass or dea inform	r remuner ociated poler. If monation for	ration for s erson or ag ore than fiv that broke	olicitation ent of a bro e (5) perso r or dealer	of purchas oker or dea ons to be li only.	sers in conr aler registe	nection wit red with th	h sales of s e SEC and	securities in for with a s	n the offeri state or sta	ing. If a tes, list t	any commi person to be the name of my set forth to	e listed is the broker
rui	n Name	(Last nai	ne msi, n	individual)									
Bu	siness o	r Resider	ice Addres	s (Number	and Street	, City, Stat	te, Zip Cod	e)					
Na	me of A	ssociated	Broker or	Dealer		······································				——————————————————————————————————————	·····		
(Cr [A] [I] [I] [I] [I] [I] [I] [I] [I] [I] [I	neck "AAL] IL] MT] RI] Il Name siness of A utes in V	[AK] [IN] [NE] [SC] (Last nate resider Associated	or check i [AZ] [IA] [NV] [SD] me first, if nce Addres I Broker or	Has Solicindividual S [AR] [KS] [NH] [TN] individual) s (Number Dealer Has Solicindividual S [AR] [KS] [NH] [TN]	tates) [CA] [KY] [NJ] [TX] and Street	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	All Si [GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR] [ID] [MO] [PA] [PR]
Ful	ll Name	(Last na	me first, if	individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	me of A	ssociated	Broker or	Dealer					<u> </u>	·			<u> </u>
Sta	ites in V	Vhich Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	sers					<del></del>
-				ndividual S	•		E-CIGH3	(Frans		[			(III)
_	AL] IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[v	MT] RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts for exchange and already exchanged. Aggregate Type of Security Amount Already Offering Price Sold Debt..... Equity ( ) ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests.... Other (Specify \_\_\_\_\_).... Total..... Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of **Dollar Amount** Security Sold Rule 505..... Regulation A Rule 504..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future

contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	$\Box$	\$	
Printing and Engraving Costs	$\Box$	\$	
Legal Fees	$\overline{\boxtimes}$	\$	5,000
Accounting Fees		\$	
Engineering Fees		\$	
Sales Commissions (Specify finder's fees separately)		\$	
Other Expenses (identify)		_\$	
Total	$\boxtimes$	\$	5,000

Ou	Enter the difference between the aggregate offering price given in response to Part C-estion 1 and total expenses furnished in response to Part C-Question 4.a. ference is the "adjusted gross proceeds to the issuer."	This		\$380	) <u>,399</u>	9
be fur list	icate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known an estimate and check the box to the left of the estimate. The total of the paymed must equal the adjusted gross proceeds to the issuer set forth in response to Parestion 4.b. above.	own, ients				
			Ó Dir	rments to officers, ectors, & ffiliates		Payments to Others
	Salaries and fees		\$		\$ _	
	Purchase of real estate		\$	🗆	\$ _	
	Purchase, rental or leasing and installation of machinery and equipment		\$		\$_	
	Construction or leasing of plant buildings and facilities		\$	🗆	\$ _	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	🗆	\$ _	
	Repayment of indebtedness		\$		\$	
	Working capital		\$	🛛	\$	380,399
	Other (specify)		\$	□		· · · · · · · · · · · · · · · · · · ·
			\$		\$.	
	Column Totals				\$ _	,
	Total Payments Listed (column totals added)			<b>⊠</b> \$ <u>3</u>	80,39	99
	D. FEDERAL SIGNATURE					

## Title of Signer (Print or Type) President

Signature

Date

February 13, 2002

Issuer (Print or Type)

David W. Sherrer, II

Name of Signer (Print or Type)

Haleos, Inc.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE						
	c), (d), (e) or (f) presently subject to any of the d	1 1 1X1				
See Appendix, column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
The issuer has read this notification and knows t duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on its behalf by the undersigned				
Issuer (Print or Type)	Signature	Date <b>2/12/02</b>				
Haleos, Inc.	+ -					
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
David Sherrer	President					

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX

1	2		3	4				5	
								Disqualification under State	
}	Intend to sell		Type of security					ULOE (if yes,	
	to		and aggregate	77. 6				attach	
	non-accredited		offering price	Type of investor and				explanation of	
	investors in		offered in state	amount purchased in State				waiver granted)	
	State		(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
	(Part B-Item 1)			Number of Number of				r	
				Accredited		Nonaccredited			1
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL						222,0000			1
AK			·						
AZ									
AR				ļ	····				
CA		No	Convertible Debt w/ warrants \$62,094	1					X
CO				<b></b>					
CT									
DE									
FL									
GA									
HI									
ID	<b> </b>	]		<del> </del>					
11				<del> </del>					
IN									
IA									
KS									
KY									
LA									
ME	<b></b>								
MD	ļ			<u> </u>					
MA	<u> </u>			ļ					
MI	<del> </del>			<u> </u>					
MN				<b></b>				ļ	
MS	<del>                                     </del>			<del> </del>					<u> </u>
MO			·						

### APPENDIX

1	2		3	4					5	
	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	(Part B-Item 1)									
Sta te	Yes	No		Number of Accredi ted Investor s	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR PA				<del> </del>				<del> </del>		
L										
RI SC										
SD				<u> </u>						
TN										
TX										
UT										
VT		-	.,,							
VA			Convertible Debt w/ warrants \$ 323,305						X	
W										
W										
WI										
W										
PR			Promiceony Notes							

<sup>\*</sup> Secured Convertible Promissory Notes